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Ryton Urban District Council.

ANNUAL REPORT

OF THE

Medical Officer of Health

FOR THE

YEAR ENDED 31st DECEMBER, 1914.

NEWCASTLE-ON-TYNE.

Printed by G. F. Laybourne & Co., Ltd., Groat Market.

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RYTON URBAN DISTRICT COUNCIL.

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH,

For the Year ending DECEMBER 31st, 1914.

RYTON-ON-TYNE,

March, 1915.

*To the Chairman and Members of the
Ryton Urban District Council.*

GENTLEMEN,

I beg to submit to you my Seventeenth Annual Report for the year ending 31st December, 1914.

Population.—The estimated population on June 30th, 1914, is 14,250, and on that figure the statistics for the year have been calculated. This is much lower however than the estimate of the County Medical Officer, calculated on the factor suggested by the Registrar General, whose quarterly statistics are made out on an estimated population of 14,878. As, however, the natural increase of births over deaths is 271, and 33 new houses have been occupied during the year, which on an average of 5 per house gives 165, making a total of 436, I think the estimate made use of is nearer the correct one.

Births.—The number of births registered was 425, consisting of 209 males and 216 females, and represents an annual birth-rate of 29'82 per 1,000. This compares unfavourably with the previous year

when the number of births was 440 and the birth-rate 32, and is indeed the lowest on record. Our birth-rate has usually been above that for the County, which for the year is 31'1, but this year is distinctly below it. Both district and County birth-rate are still considerably above the birth-rate for England and Wales, which for the year is 23'6, slightly lower than that of the preceding year, which again bears evidence of the continuous decline in the birth-rate which has been going on for so long.

There can be little doubt that the causes of the diminishing birth-rate are such social conditions as tend to marriages in later life; the use of preventive measures which, formerly confined to the upper classes, have now become known to and are being made use of by the working classes; and the use of abortifacients, which is much more common, especially in factory districts, than is generally supposed. The only remedy I can see is the raising of the moral standard, a less self-indulgent life, and a higher sense of national duty.

The number of illegitimate births is 9, which compares favourably with the previous year at 14, is more than for 1912 at 7, fewer than 1911 at 14. 1910 at 10, and much fewer than 1909 at 24.

Deaths.—The number of deaths registered in the district was 154, consisting of 85 males and 69 females, and representing an annual death-rate of 10'8. But 15 transferable deaths of persons who died, and whose deaths were registered outside the district, have to be added, and 3 deaths of persons not belonging to but who died in the district to be deducted, which brings the total number of deaths of persons belonging to the district to 166, and gives a corrected annual death-rate of 11'64 per 1,000. This is lower than the corrected death-rate for 1913 at 12'21, and slightly higher than 1912 at 11'15, which was the lowest on record.

The death-rate for the county is 14'9, lower than for 1913 at 15'3, and lower than the five years' county average of 15'7. The death-rate for England and Wales is 13'6, a trifle higher than for 1913 at 13'4 and for 1912 at 13'3, the lowest recorded. It is interesting to note that while the death-rate of London is 14'4, that of 97 great towns including London is 14'9, the death-rate of 145 smaller towns is 12'9,

and of England and Wales, less the 242 towns, is only 12'2, shewing as it does the influence of density of population with all that that implies on the general mortality.

It is further interesting to learn from the Annual Report of the Medical Officer to the Local Government Board that "The death-rate from all causes has declined 25 per cent. between 1891-1900 and 1913."

Infantile Mortality.—The number of deaths of children under 1 year is 46. This in 425 births gives an Infantile Mortality rate of 108'24. Compared with 1913, with 40 deaths and a rate of 90'9, it indicates a much higher rate of mortality, and indeed, with the exception of the year 1911, when the number of deaths of infants was 66 and the rate 154'2, it is the highest Infantile Mortality rate for 6 years. The rate for the county is 134, for the previous year 137, for 1912 106, and the mean rate for the five years 1907-1911. 139. Our district compares favourably therefore with the county, but is higher than the rate for England and Wales at 105, for the 145 small towns at 104, much higher than for England and Wales less the 242 towns, for London at 103, though not so high as for the 97 great towns at 113.

The causes of infantile death are given in detail in Table IV. appended to this report, but for convenience may be summarised in the following:—

Prematurity of Birth	...	...	4	}	22
Injury at Birth	...	...	4		
Congenital Malformations	...	...	4		
Atrophy, Debility, and Marasmus	...	10			
Whooping Cough	...	...	1	}	2
Diphtheria	...	...	1		
Bronchitis	...	...	2	}	6
Pneumonia	...	...	4		
Convulsions	...	...	4	...	4
Diarrhœa and Enteritis	...	...	7	...	7
Other Causes	...	...	5	...	5

On further reference to Table IV., it will be seen that of the total deaths of infants 24 occurred during the first month of life, that is more than one half, while 17 out of the 24 occurred within the first week. These 24 children out of the 46 who died within the first year of their lives were simply born to die, their hold on life was so slight that they succumbed immediately. Some because of prematurity of birth, some of injury at birth, some of congenital malformations, and some of debility, atrophy and marasmus, all of which may be summed up under the heading of immaturity at birth. The number of deaths as the result of immaturity, 22, is exactly the same as for the year 1913, that for the year 1912 being 20, for 1911, 16, for 1910, 16, and for 1909, 22. In several previous annual reports I have referred to these deaths from immaturity as being due to conditions which we have no power to control. But medical science and art is advancing greatly, and particularly on preventive lines, and the causes of these pre-natal conditions are being ascertained. Many of them we now know can be prevented, and many of them modified by attention to the mother during the period of pregnancy. The Notification of Births Act, with the work of the Health Visitors connected with it, has shown that it is not enough to begin the work of child welfare with the birth of the child, but that it is necessary to begin with pre-natal treatment, and the earlier it is begun the more likely is it to be successful. The establishment of maternity dispensaries and Hospitals, therefore, where prospective mothers can be advised as to their own health, and treated when necessary, is simply an extension of the process of which the Notification of Birth is a part, and is concerned with the welfare of the child before its birth as the Health Visitor is after it. There can be no doubt that there are great results in the future by the development of this kind of work. Amongst the working classes, for instance, the period of motherhood is carried on under great disadvantages. Many, as in factory workers, have too hard work, and carry it on almost up to the time of their confinement, many are insufficiently fed, badly housed, and live amid insanitary surroundings, many suffer from disease by no fault of their own. All of these conditions affect the welfare of the coming child, and most of them can be prevented. Now that the public are becoming alive to these considerations, it is simply a question of time and a necessity that Public Authorities

should take such measures as are necessary to conduce to the welfare and health of the prospective mother and her child. Before many years are past hospitals and dispensaries for that purpose, already established in many districts, will be established in every sanitary district in the kingdom, where from the earliest period of their pregnancy prospective mothers will be able to go for advice gratuitously given, and assistance in every way that may be necessary to enable her to maintain a high standard of health, and to give birth to a child fit to cope with the conditions of life into which it is born.

Apart from the causes of infantile deaths already referred to, the others are all admittedly preventable. Of these one was due to whooping cough, 1 to diphtheria, 6 to bronchitis and pneumonia, as compared to 5 last year, 7 to diarrhœa as against 4, 4 to convulsions, same as last year. All of these are the result of well ascertained causes, and in a perfectly sanitary environment would not occur.

Zymotic Diseases gave rise to the mortality as seen in the following table:—

Enteric Fever	...	...	...	5 cases.
Scarlet Fever	..	...	...	3 „
Whooping Cough	...	...	...	1 „
Diphtheria	...	...	...	4 „
Diarrhœa and Enteritis	...	...	...	10 „
Total				23 „

This represents a zymotic death-rate of 1'61, considerably above that for the preceding year with 16 deaths and a rate of 1'09, and for 1912 of 0'66. This is in keeping, however, with the increase in the zymotic death-rate for the county, which was 2'20 as against 1'85 for 1913, 1'39 for 1912, and higher even than the 5 years' average (1907-1011) 2'10.

Enteric Fever caused 5 deaths, and represents a rate of 0'35, indicating a considerable increase over the previous year with 1 death and a rate of 0'07, and over the county rate of 0'11, and over the mean county rate for 5 years of 0'13. As the number of cases notified was 14, the case mortality amounts to 35'7 per cent., which is

an exceptionally large death-rate for this disease, and much above the county death-rate for 1913, which was 18·6 per cent, for 1912, 17·6 per cent., and for the 5 years (1906-1910) 16·5 per cent. of the cases.

Scarlet Fever was fatal in 3 cases, representing an annual rate per 1,000 of 0·21 as against the preceding year with 2 deaths and a rate of 0·14, and practically the same as the county rate for 1914 of 0·22. This was greater than the county rate of 1913 of 0·15, for 1912 of 0·10, and greater still than the mean rate for the 5 years (190-1911) of 0·07, and goes to corroborate the statement that of late years scarlet fever has tended to show an increase in severity. For though it has not been absent from the district for several years, there had been no fatality from it for the 3 years previous to 1913. As, however, 151 cases were notified the 3 deaths represents a case mortality of practically only 2 per cent., which is very low, and lower than the county case mortality for any year since 1901, except 1912 when it was 1·7.

Whooping Cough, as in 1913, caused 1 death only, representing a death-rate per 1,000 of 0·07, considerably below the county rate 0·36, and the mean rate for 5 years of 0·34.

Diphtheria caused 4 deaths as against 2 in 1913, 3 in 1912, 1 each in 1911 and 1910, 2 in 1909, 4 in 1908, and 3 in 1907. The number of cases notified was, as in 1913, 34, and the case mortality therefore 11·7 per cent., higher than 1913 at 5·88 per cent., though less than 1912 at 18·7 per cent. From the County Medical Officer's Annual Report for 1913, the case mortality is stated at 13·0, for 1912, 12·5, and for 1911, 11·8, so that our death-rate is under the county average. As in former years the great majority of fatal diphtheria is due to extension of the membrane to the windpipe, constituting croup, which generally means that the disease has been going on for several days before it was recognised, before the doctor was called in, and before therefore anti-toxin could be given to have its curative effect. With the power we now have of controlling the disease by the early use of anti-toxin, it is sad to have to record 4 deaths. But until the public come to recognise the fact that uncomplicated diphtheria is unattended by pain or difficulty in swallowing, and seek the doctor sufficiently early, I do not see how such fatalities are to be prevented.

The 4 deaths represent an annual diphtheria death-rate of 0'28 per 1,000, somewhat higher than the county rate of 0'23, which is again higher than for 1913 at 0'19, for 1912 at 0'16, and for the five years' average of 0'17.

Diarrhœa was unusually fatal during the year as was to be expected with such a warm dry summer and long continued period of drought. The number of deaths was 10 and the mortality rate 0'70, just double that of the previous year. This is in keeping with the increased mortality throughout the county and the whole country. For the county rate for 1914 was 1'12, a considerable increase over 1913 at 0'815, over 1912 at 0'27, and over the 5 years' Average of 0'99. The causes of diarrhœal prevalence are pretty well understood, and I have nothing to add to the comments I have made on this subject in several annual reports. Though in seasons favourable to the prevalence of diarrhœa fatalities from that cause are too great, still they are not so great even in such seasons as they used to be. That they occur at all in such numbers only goes to show how imperfect our sanitation is, and how far we are from putting into practical use the knowledge we possess. For it is not our want of knowledge of how these diseases are to be prevented or rendered less fatal that is at fault, but our inefficiency in carrying out the sanitary measures by which they can be and ought to be prevented.

The Acute Respiratory Diseases, Bronchitis and Pneumonia, caused 19 deaths, a considerable reduction over the previous year, when they numbered 30. The Acute Respiratory death rate per 1,000 is therefore 1.33 as against 2'10 during 1913, which is much below the County rate for 1914 at 2'29, for 1913 at 2'53, 1912 at 2'18, and the five years average at 2'52. Eleven of the 19 deaths were of children under 5 years, of which 6 were under 1 year, 3 were between 25 and 65 years, and 5 were over 65.

Cancer caused the unusually large number of 16 deaths, as against 7 in 1913, 10 in 1912, 8 in 1911, 11 in 1910, and in the previous years 4, 7, 5 and 5. The mortality rate per 1,000, 1'12, is therefore the largest for several years, indeed the largest on record. This bears out the general impression that Cancer is becoming increasingly prevalent, and probably that is so, although it is not to be forgotten that

better diagnosis enables cases to be detected that would formerly have been overlooked or attributed to some other condition.

Heart Disease caused 17 deaths, against 13 for the previous two years, 16 for 1911, and 14 for each of the two years 1910 and 1909. The annual death rate per 1,000 for Heart Disease is therefore 1.19.

Phthisis caused 8 deaths, a great improvement over 1913 with 13 deaths, which was the largest number on record, the number of deaths for previous years being 5, 6, 7, 7, 5, 5. The Phthisis death rate for the year is 0.56, lower than the County rate 0.92 and the five years mean of 0.89. There is therefore no appreciable difference in the death rate from Phthisis since the year 1907, though from 1901 when the rate was 1.12 there has been a steady decline down to that year.

Five of these cases had sanatorium treatment, but with only temporary benefit. Two were acute cases which proved fatal before sanatorium treatment could be obtained, and one died in Sedgefield Asylum.

Tuberculosis, other than of the lungs, caused five deaths, of which four were registered as general Tuberculosis, and one Tuberculosis of the kidneys. This gives a death rate from other forms of Tuberculosis of 0.35, which is lower than the County rate of 0.42 for 1914, 0.53 for 1913, and the five years mean rate of 0.67.

The total number of deaths from Tuberculosis in all its forms is therefore 13, representing an annual death rate from Tuberculosis of 0.91.

In regard to the question of the stamping out of Tuberculosis I have nothing to add to the remarks I have made in former annual reports. I am more strongly convinced than ever that the success so much desired is only to be obtained by preventive rather than by curative methods, and that of all the conditions of success satisfactory housing accommodation is the most important.

NOTIFICATIONS OF INFECTIOUS DISEASE.

The total number of cases of Infectious Disease notified during the year was 250, as compared with 263 for the previous year. Deducting 40 cases of Tubercle and 1 of Ophthalmia Neonatorum which have

only been made notifiable of recent years, the number is reduced to 209 cases. This, though a large number, is not quite so great as in some former years, as, for instance, in 1903, when the number was 247, 1905 when it was 210, and in 1901 when it was 203.

The following table shows the kind of infectious disease notified and the number of each.

Diphtheria	...	...	...	34 cases.
Erysipelas	...	...	...	9 „
Scarlet Fever	...	...	...	151 „
Enteric Fever	...	...	...	14 „
Puerperal Fever	...	...	...	1 „
Ophthalmia Neonatorum	...	..	...	1 „
Pulmonary Tuberculosis	...	...	...	20 „
Other Forms of Tuberculosis	...	...	...	20 „
				—
				250

Diphtheria.—The number of cases, 34 is exactly the same as for the previous year, and represents a case incidence rate of 2.38 per 1,000 of the population. The cases were distributed throughout the district as follows:—Greenside, 9 cases; Crawcrook, 13; Ryton, 5; Crookhill, 5; Addison, 1; Stargate, 1. There were 4 cases in the month of January, 13 in February, 4 in March, 1 in April, 3 in May, 1 in June, 1 in July, 2 in September, 2 in November, and 1 in December. The only 2 months in which there were no cases were August and October. In each of 4 houses 2 cases occurred, in none of the other 26 houses was there any spread of the disease. In February, when the greatest number of cases occurred, 8 of which were at Crawcrook and 5 at Greenside, most of them in children attending the Roman Catholic Schools, it seemed as if there might be some carrier attending School that was the source of the infection. Examination of the throats of all the children in the class and of which the affected children attended by the Assistant County Medical Officer (Dr. Cameron) and myself, failed to discover the source of the infection.

Scarlet Fever.—The 151 cases notified were fairly well scattered through the district, and represents a Scarlet Fever incidence rate of

10·57 per 1,000 of the population. This is lower than the previous year with 175 cases, an incidence rate of 12·74. The great majority of the cases were of the mildest type, but a larger number than usual of late years were severe, and there were 3 deaths, as against 2 for the preceding year. As mentioned in my last annual report, in many cases the diagnosis was by no means certain, and peeling had to be waited for to ensure certainty. It is these mild, often unsuspected cases, that continue to attend school while they are suffering from the disease that are responsible for its spread.

Enteric Fever.—The 14 cases notified represent an attack rate per 1,000 of 0.98. The number is greater than in 1913 with 11 cases, 1912 with 5, 1910 with 7, 1909 with 8, and greater than in 1911 with 21 cases. The greater number occurred in the Greenside district, where there were 8 cases, while in Crawcrook district there were 5, and at Clara Vale 1. With the exception of 1 case at Greenside in a house where 2 other cases had occurred in the Autumn of 1913, and 2 cases in one house at Woodside Bank Top, all the others were isolated cases having no apparent connection with each other. Throughout the year the cases were distributed thus:—In January, 1 case; February, 3; March, 1; June, 1; August, 1; September, 4; and October, 3. There were no cases in April, May, July, November or December. There was nothing to explain satisfactorily the causation of these cases, which were all sporadic in their origin, though 3 of them had been on a visit to the Bishop Auckland district when Enteric was somewhat prevalent there and probably they contracted it. Every case was carefully investigated, and nothing was found locally to account for the disease. With the exception of 1 case, where the house had a water-closet, the conveniences in all the other houses were ash closets.

The occurrence of more than half the cases (8) from August 31st to October 25th, at a time when epidemic diarrhoea was at its greatest prevalence, is in accordance with former experience of the relationship between these diseases, and shows that the conditions that affect the one conduce to the other, and suggest the probability that the organisms associated with enteric fever (the bacillus typhosis) may be a further stage in the evolution of the organism that causes epidemic

diarrhoea, and that both are probably forms or modifications of the bacillus coli, which though a normal inhabitant of the human intestines, may take on virulent characters under certain favourable seasonable conditions outside the human body.

Puerperal Fever was notified in one case, the first that has been notified since 1911. It is doubtful, however, whether this represents the actual number of cases, as there is unwillingness on the part of medical practitioners to notify such cases except such as are likely to be fatal. Cases that recover are probably not notified at all.

Pulmonary Tuberculosis.—Twenty cases were notified as against 15 for 1913, and 17 for 1912. Here again there is probably a tendency to postpone notification, partly from uncertainty as to the diagnosis, partly that the habit of notifying such cases has not yet sufficiently sunk into the minds of practitioners, and partly that patients themselves do not sufficiently early take alarm and do not consult their doctor until the disease is already far advanced. Among the cases notified 2 had worked till within 3 months of their death, and a doctor was never consulted till they ceased work. The general public require to be educated to consult the doctor in the earliest period of their illness, as the only hope of curing the disease is to get the patient to a sanatorium early.

Of Tuberculosis other than Phthisis 20 cases were also notified, Here again it is almost certain that all cases are not notified, not because practitioners are unwilling to do so, but because they have not yet become accustomed to the necessity of notifying such forms as tuberculous glands in the neck, tuberculous ulcers of the cornea, lupus, tuberculous joints, etc.

The total number of tuberculosis cases notified, 40, represents a case incidence of 2.80 per 1,000 of the population.

Isolation Hospital.—The number of cases sent to the hospital was 112, as compared with 132 for 1913, 22 for 1912, and 25 each for 1911 and 1910. These consisted of scarlet fever 65 cases, diphtheria 17, and enteric fever 10. For a month or two during the year the resources of the hospital were somewhat overstrained and several scarlet cases could not be admitted.

Bacteriological Examinations.—The number of cases sent for examination was 73, the largest number sent during any one year, though the 70 sent during 1913 comes very near it. For 1912 the number was 47, and for the preceding years in order, 26, 27, 32, 27 and 23. The increasing value of this method of investigation is being more and more taken advantage of, as is evidenced by these numbers. Of the 73 specimens examined, 30 were positive and 43 negative, again showing the importance of the method and rendering the diagnosis certain in cases otherwise doubtful.

GENERAL SANITATION.

The general sanitary work of the district has been carried out throughout the year with great vigour. A general survey was conducted in the early part of the year by the Assistant Medical Officer for the County, Dr. Cameron, along with the Sanitary Inspector and myself, and the Assistant Medical Officer's Report has been already laid before you. In that report, which is very exhaustive, various defects are pointed out and recommendations for dealing with them stated. The table of work done in the Inspector's department appended to the present report shows in detail how far such defects have been remedied during the past year. From that table it is found that the number of informal written notices sent by the Inspector amounted to 187, of formal notices by the order of the Authority 195, and that the number of nuisances abated after notice was 306. Disinfection of houses after infectious disease is carried out in all cases either directly by the Authority or under the guidance of members of the Staff with disinfectants supplied by the Authority. The number of houses disinfected directly during the year was 130, which includes houses where there has been Tuberculous disease.

The Water Supply by the Newcastle and Gateshead Water Company has been as usual quite satisfactory, and in spite of the unusually dry season, at all times plentiful and of good quality. Year by year the number of houses which has a tap of its own in the house increases, and before long it is hoped and believed that every house will have a supply of its own. It is, however, to be regretted that there is not always a sink under each tap to carry off the surplus, so

that from the inevitable spilling of water the floors are apt to be damp. In all new houses, of course, the water tap opens over a sink, but it seems a pity that when taps are put in old houses the little extra expense entailed in putting in a sink should not be incurred and the work made complete.

The Main Roads have been maintained in a generally satisfactory condition on the whole. From the amount of heavy motor traffic causing an undue wear and tear they are not, however, so smooth and even surfaced as they used to be, though they compare very favourably with other districts.

Several of the back streets have been remedied during the year, such as that between Whitewell Terrace and Northumberland Road, between Ivy and May Avenue in the Ryton district, and behind Brettanby Gardens; between Crookhill Terrace and Simpson Street in Crookhill district, and at Emma Villa and Clifford Terrace in Crawcrook district. The road leading to Woodside Bank Top has been attended to, and is now very good, but there is still a great amount of work of this kind to be done. At Addison, Middle Hedgfield (where, however, a commencement has been made), Crookhill, where the back road between Simpson and Coronation Streets is still practically impassible in wet weather, Runhead, Stargate, Crawcrook, (the side streets Garden Terrace to Belle View, and Mitchell Street, etc.) The street between North and South View, Clara Vale, and between East and West Street have been put right, or are nearly completed. At Greenside the road leading to Frank Street, etc. has been made, but that between the back rows of all the cottages there as well as between Rockwood Terrace and Stanhope Street and between the latter and Meldon Street, between Rockwood Terrace and Milton Street, and behind Milton Street are all in need of attention.

The Footpaths throughout the district continue to be good, and though the whole of them are not yet asphalted or cemented, they are gradually becoming more and more so.

A great improvement in the Lighting of the District has been effected of late years. Street lamps of high illuminating power have been freely distributed throughout, and besides the main roads which

are well supplied with lamps, the roads leading to Stargate, Crookhill, Greenside Folly, etc., have all been lighted.

The Sewers and Drains have been attended to, and flushed and cleansed at frequent intervals. Faulty house drainage, such as defective traps, choked drains and other imperfections have been rectified to the number of 51.

Scavenging has on the whole been satisfactorily carried out. The ashpits are cleaned weekly, and the refuse carried away in covered carts. There has been a considerable increase in the use of dustbins. I must again advert, with regret, to the fact that the scavenging is still being done at any hour during the day, when the children are playing about, and even during the dinner hour. Apart from the vile smells from the emptying of the closets, the dust and decomposing material is blown about, not only to the discomfort, but to the positive danger to the occupants of the houses in the neighbourhood. The results in windy weather may be far reaching.

There has been again an improvement in regard to the relationship between water closets, ash closets and ashpit privies. Of ashpit privies converted into ash closets there have been 66; of ashpit privies into water closets, 33; of ash closets into water closets, 4. It is a gratifying feature that out of the 40 new houses built during the year, 35 were provided with water closets, and only 5 with ash closets. I can only again submit to your Council the advice already several times given, that no new houses should be erected without provision for a water closet, that every opportunity should be taken to convert ash closets into water closets, and that ashpit privies should be absolutely abolished. We shall never otherwise get rid of Epidemic Diarrhoeas and Enteric Fever. We are, however, coming nearer a satisfactory state of things, for, while in 1913 the approximate number of water closets was 576; in 1912, 475; in 1911, 428; last year it has increased to 648, an increase of 72. In regard to ash closets, the total number in 1913 was 1310; in 1912, 1191; in 1911, 1126; while for the past year it reached 1377. While the ashpit privies numbering 916 in 1913; 866 in 1912; 696 in 1911 has now been reduced to 597, practically 100 less in the year.

Milk Supply.—There are now 36 registered cowkeepers in the district. The cowsheds and dairies have been periodically inspected. They were found on the whole satisfactory, but the Inspector found it necessary to issue 5 informal notices for the remedy of defects, which were complied with, and 3 notices of instruction from the Council, 2 of which were complied with.

Too much attention cannot be given to this work so as to ensure cleanliness and purity of milk supply. Milk forms probably the best medium for the growth and cultivation of all kinds of injurious organisms, and if impure at the source may be the means of spread of several serious diseases, such as the infectious diseases and consumption, detrimental particularly to children, who are so often entirely dependent upon it. Strict attention to cleanliness of cowsheds and their surroundings are therefore necessary. These should be well ventilated and roomy and better lighted than they usually are. Attention should also be given to keep the cows themselves clean, the udders should be washed and the hands of the milkers thoroughly cleansed before they begin operations.

The **Slaughter Houses**, 16 in number, are all registered, have been inspected from time to time, and though 3 notices were necessary, 2 for lime washing and 1 for the removal of offal, they were found to be very well kept.

Bakehouses, 3 in number, were always found to be clean and well kept.

Housing, &c.—A good deal of work has been done in carrying out the provisions of the Housing Act. Apart from the survey by the Assistant County Medical Officer, there have been 222 inspections under the Housing Act. Thirty-six defective premises were remedied after notice, closing orders were made with respect to 4 dwelling houses considered unfit for human habitation, and 1 for demolition.

The demand for houses is as great as ever and the supply by no means equal to it. Forty new houses have been erected during the year, 33 of which have been occupied, but 48 houses are now in process of erection, and plans are now before the Council for the building of 114 new houses at Greenside, so that with these and others that will be no

doubt built in other parts of the district, the demand will to a large extent be met. In the meantime there is an amount of subletting of rooms in houses that is very undesirable, and a certain amount of overcrowding which is detrimental. And the only remedy is the provision of a sufficient number of dwellings which would justify a strict prohibition against subletting and overcrowding at present difficult to enforce. The total number of occupied houses in the district is 2,709.

I append the statistical tables required by the Local Government Board, and through the courtesy of the Inspector, the table of work done under his department. The table regarding workshops and factories is conspicuous by its absence, for there are no factories in the district, and no workshops in the strict sense of the word. There are a few dressmakers, tailors, and shoemakers who carry on their work in ordinary houses, which are all clean, well ventilated, and comfortable.

It only remains for me to thank the Surveyor, the Inspector, and other Officials of the Council for their invariable kindness and courtesy, and for the valuable assistance they have given me throughout the year, my appreciation of which I hereby wish gratefully to acknowledge.

I am, Gentlemen,

Your obedient Servant,

JAMES W. SMITH,

Medical Officer of Health.

RYTON-ON-TYNE URBAN DISTRICT.

SUMMARY OF WORK done in the INSPECTOR OF NUISANCES' DEPARTMENT during the year 1914.

PUBLIC HEALTH ACTS.	Number of Informal written Notices by Inspector	Number of Formal Notices by order of Authority	Number of nuisances abated after Notice	General Remarks.
Dwelling-houses and Schools—				
Foul Conditions	4	..	4	
Structural Defects	21	52	53	
Overcrowding	4	2	4	
Cowsheds	5	3	7	
Slaughter-houses	3	..	3	
Ashpits and Privies	61	48	95	
Deposits of Refuse and Manure	16	..	16	
Waterclosets	4	..	4	
Defective Yard Paving	36	50	60	
House Drainage—				
Defective Traps	3	..	3	
Other Faults	24	36	51	
Water Supply	2	4	2	
Animals Improperly Kept	1	..	1	
Other Nuisances	3	..	3	
TOTALS	187	195	306	
PRECAUTIONS AGAINST IN- FECTIOUS DISEASE.				
Houses Disinfected after Infee- tious Disease.. ..	130			
GENERAL.				
Number of New Houses erected during the year	10			
Number of such Houses occupied during the year	33			
Ashpit-privies converted into Ash-closets	66			
Ashpit-privies converted into Water Closets	33			
Ash-closets converted into Water Closets	4			
Total Number of Water Closets in District	648			
Total Number of Ash-closets in District	1,377			
Total Number of Ashpit-privies in District	597			

JAMES JENKINS,
Inspector of Nuisances.

10th February, 1915.

TABLE I.

Vital Statistics of Whole District during 1914 and previous Years.

Year.	Population estimated to middle of each Year.	Births.			Total Deaths Registered in the District.		Transferable Deaths.		Nett Deaths belonging to the District.			
		Un-corrected Number.	Nett.		Number.	Rate.	Of Non-residents registered in the District	Of Residents not registered in the District	Under 1 year of Age.		At all Ages.	
			Number.	Rate.					Number.	Rate per 1,000 Nett Births.	Number.	Rate.
1	2	3	4	5	6	7	8	9	10	11	12	13
1909	11,890	..	450	37.84	143	12.06	..	2	48	106.6	146	12.1
1910	12,425	..	452	36.38	152	12.23	..	1	44	97.34	153	12.31
1911	13,060	..	428	32.77	178	13.62	11	18	66	154.2	185	14.16
1912	13,450	..	420	31.22	143	10.63	5	12	42	100.00	150	11.15
1913	13,750	440	441	32.0	160	11.63	4	12	40	90.9	168	12.21
1914	14,250	425	425	29.82	154	10.8	3	15	46	108.24	166	11.64

Area of District in acres (land and inland water), 5,149. Total population at all ages—12,951

} At Census of 1911.
Number of inhabited houses—2,597

TABLE II.

Cases of Infectious Disease notified during the Year 1914.

NOTIFIABLE DISEASE.	NUMBER OF CASES NOTIFIED.								Total Cases removed to Hospital.
	At all Ages.	AT AGES—YEARS.							
		Under 1.	1 and under 5 years.	5 and under 15 years.	15 and under 25 years.	25 and under 45 years.	45 and under 65 years.	65 and upwards.	
Diphtheria (including Membranous Group)	34	..	7	24	1	1	1	..	17
Erysipelas	9	..	..	2	2	3	2	..	..
Scarlet Fever	151	2	37	100	9	3	..	..	85
Enteric Fever	14	..	..	2	5	2	5	..	10
Puerperal Fever	1	..	..	..	..	1	..	..	..
Ophthalmia Neonatorum ..	1	1	..	..	..	..	..	..	..
Pulmonary Tuberculosis ..	20	..	..	2	3	12	3	..	..
Other forms of Tuberculosis ..	20	1	1	8	6	2	2	..	..
Totals	250	4	45	138	26	24	13	..	112

Isolation Hospital or Hospitals, { Conjoint Hospital for Ryton, Blaydon and Whickham, Norman's Riding, Winlaton.
Sanatoria, &c. { Sealburn Smallpox Hospital used as Sanatorium, Sealburn, Greenside, Ryton-on-Tyne.

TABLE III.

Causes of, and Ages at Death during the Year 1914.

CAUSES OF DEATH.	Nett Deaths at the subjoined ages of "Residents," whether occurring within or without the District.										Total Deaths whether of "Residents" or "Non-Residents" in Institutions in the District. 11
	All Ages.	Under 1 year	1 and under 2	2 and under 5	5 and under 15	15 and under 25	25 and under 45	45 and under 65	65 and upwards.		
1	2	3	4	5	6	7	8	9	10		
Enteric Fever ..	5	..	..	..	..	1	1	3	..	..
Scarlet Fever ..	3	..	..	2	1	..	..	..	..	..
Whooping Cough ..	1	1	..	..	..	..	..	..	..	..
Diphtheria and Croup ..	4	1	..	2	1	..	..	..	..	..
Influenza ..	1	..	..	..	1	..	..	..	..	..
Phthisis, Pulm'y Tuberculosis.	8	..	..	..	..	2	5	1	..	1
Other Tuberculous Diseases ..	5	..	1	..	1	2	1	..	..	..
Cancer, malignant disease ..	16	..	..	..	..	..	3	5	8	..
Rheumatic Fever ..	2	..	1	..	1	..	..	..	..	..
Meningitis ..	1	..	1	..	..	..	..	..	..	..
Organic Heart Disease ..	17	..	1	..	2	..	4	3	8	..	
Bronchitis ..	7	2	..	1	..	..	..	..	..	..
Pneumonia (all forms) ..	12	4	3	1	..	..	2	1	4	..
Diarrhoea and Enteritis ..	10	7	1	..	1	..	..	1	1	..
Appendicitis and Typhlitis ..	1	..	..	1	..	..	..	..	..	..
Cirrhosis of Liver ..	1	..	..	..	..	..	1	..	..	..
Nephritis & Bright's Disease ..	1	..	..	1	..	..	..	..	1	..
Puerperal Fever ..	1	..	..	..	..	..	1	..	..	..
Other Accidents and Diseases of Pregnancy and Parturition ..	2	..	..	..	..	..	2	..	..	..
Congenital Debility & Malformation, including Premature Birth ..	18	18	..	..	..	..	..	..	..	..
Violent Deaths, excluding Suicide ..	6	..	..	1	1	1	2	1	..	..
Suicide ..	1	..	..	..	..	..	..	1	..	..
Other Defined Diseases ..	27	4	1	..	1	3	4	9	5	..	
Diseases ill-defined or unknown ..	16	9	..	..	..	..	..	2	5	..
	166	46	8	8	10	9	26	27	32	1	

TABLE IV.
INFANT MORTALITY.

CAUSES OF DEATH.	Under 1 week.	1-2 weeks.	2-3 weeks.	3-4 weeks.	Total under 1 month.	1-3 months.	3-6 months.	6-9 months.	9-12 months.	Total Deaths under 1 year.
Whooping Cough ..	..	..	..	..	..	..	1	..	..	1
Diphtheria and Croup ..	..	..	..	..	..	..	1	..	..	1
Convulsions ..	..	..	..	..	2	2	..	..	..	4
Bronchitis ..	..	..	..	..	..	..	1	1	..	2
Pneumonia (all forms) ..	..	..	..	..	..	1	..	2	1	4
Diarrhoea ..	..	..	..	..	1	3	1	..	..	4
Injury at Birth ..	2	2	..	..	4	..	..	..	..	7
Congenital Malformations ..	2	..	1	1	4	..	..	..	..	4
Premature Birth ..	3	1	..	..	4	..	..	..	..	4
Atrophy, Debility and Marasmus ..	4	1	..	..	4	6	..	..	..	10
Other Causes ..	4	..	..	..	5	..	..	..	..	5
TOTALS ..	17	4	2	1	24	12	4	5	1	4

(Legitimate, 416.

Nett Births in the year
(Illegitimate, 9.

RYTON URBAN DISTRICT.

HOUSING, TOWN PLANNING, &c., ACT.

TABULAR STATEMENT required to be made by the Medical Officer of Health in his Annual Report, under Article V. of the Housing (Inspection of District) Regulations.

1.—The Number of Dwelling-houses Inspected under and for the purposes of Section 17 of the Act of 1909	... 222
2.—The Number of Dwelling-houses which on Inspection were considered to be in a state so dangerous or injurious to health as to be unfit for human habitation	... 4
3.—The Number of Representations made to the Local Authority with a view to the making of Closing Orders	4
4.—The Number of Closing Orders made	... 4
5.—The Number of Dwelling-houses the defects in which were remedied without the making of Closing Orders	36
6.—The Number of Dwelling-houses which after the making of Closing Orders were put into a fit state for human habitation, and the general character of the defects found to exist	... 0

(Signed) JAMES W. SMITH,

Medical Officer of Health.

March, 1915.

